

Distribution/Instructions:

Complete the original and three copies. Give the original and one copy to the next higher authority to hear the grievance. Send one copy to DER-Labor Relations Division, Room 701 – City Hall. Keep one copy for your records. Appeal must be within the time limits provided. If you have any questions call your union representative.

Employee's Name:			
Job Title:			
Department of Bureau:			
Date of Grievance Initiation:			
1. I wish to appeal the Grievance Disposition signed by <i>(see Grievance Disposition, Form CS-51):</i> <div>Name: Title: Date:</div>			
2. Nature of grievance <i>(be specific as to names, locations, and dates):</i>			
3. What provision of the labor contract between the City and your union has been violated? <i>(Specify contract article and sub section.)</i>			
4. Reason for appeal:			
Employee's Signature		Date	